

215024704
49819

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 077	Agency Case No. B5-055601	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 06/22/2015		TIME OF ACCIDENT 1655	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1657	06/22/2015	
B	92	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. 12TH STREET		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION		
		NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING
				108.00	X	P STREET
V1/M	14	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN				
V2/M	01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO
VEHICLE NO. 1						
F	1	DRIVER LICENSE NO.	G18002522	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/N	1	DRIVER	STEPHEN W JENSEN		PHONE	402-805-8577
V2/N	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	01/17/1950
G	1	OWNER	STEPHEN W JENSEN		PHONE	402-805-8577
H	5	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO. LB464324
V1/O	1	LICENSE PLATE	TE NO. RSP118	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/O	2	VEHICLE	2006	MAKE Dodge	MODEL DQS	BODY STYLE Pickup truck
V1/O	1	VEHICLE ID NO. (VIN)	1D7HW48N76S641710		COLOR gray	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1200
V2/O	2	TOWED TO	TOWED BY		INSURANCE COMPANY	PROGRESSIVE
I	1	TOWED TO	TOWED BY		POLICY NO.	900520104
VEHICLE NO. 2						
F	1	DRIVER LICENSE NO.	H12955006	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE
V1/P	1	DRIVER	APRIL D PROFENNO		PHONE	402-464-6828
V2/P	1	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	12/27/1966
J	01	OWNER	APRIL D PROFENNO		PHONE	402-464-6828
K	01	OWNER ADDRESS	CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO	CITATION NO.
V1/Q	4	LICENSE PLATE	TE NO. 061849	YEAR (Plate Expires)	2016	STATE (Of Plate) NE
V2/Q	4	VEHICLE	2006	MAKE Chevrolet	MODEL RDO	BODY STYLE Pickup truck
V1/Q	4	VEHICLE ID NO. (VIN)	1GCCS196568209636		COLOR white	ESTIMATED DAMAGE <input type="radio"/> TOALED \$ 1800
V2/Q	01	TOWED TO	TOWED BY		INSURANCE COMPANY	GRINNELL SELECT
V2/Q	01	TOWED TO	TOWED BY		POLICY NO.	9400125737
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)						
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	Seat Position	Eject
					Body Region	Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	Seat Position	Eject
					Body Region	Injury Sev.
VEH. #	NAME	ADDRESS		DATE OF BIRTH (MM / DD / YYYY)	1 2 3 4 5	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	Seat Position	Eject
					Body Region	Injury Sev.

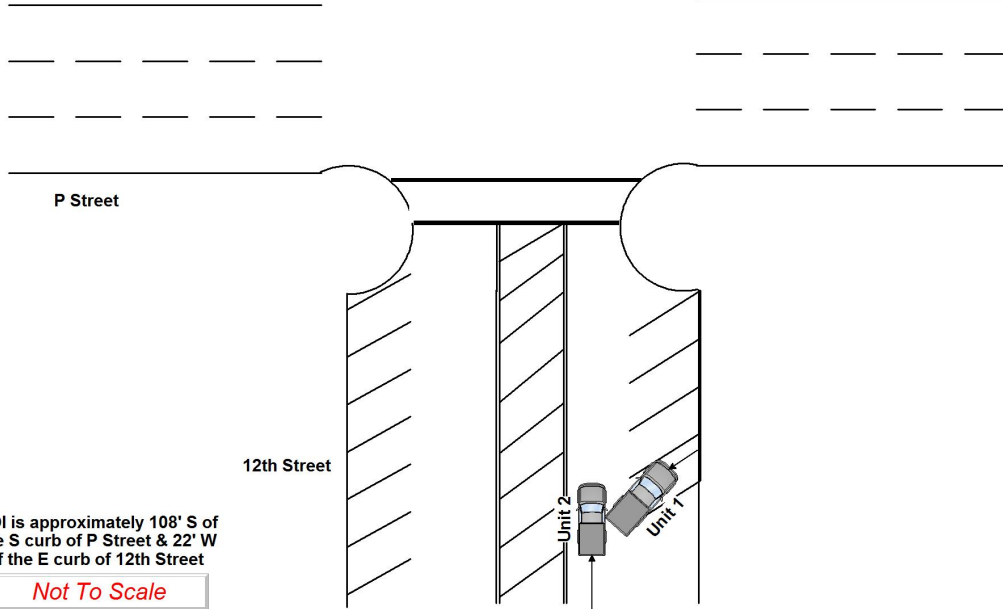
THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-055601



Indicate
North
by Arrow



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

D1 stated he was backing out of a parking stall & did not see V2 already NB on 12th Street. As he exited the parking stall, he backed into V2. D2 stated she was NB on 12th Street when V1 backed out of a stall & into her vehicle. No injuries.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME										
1				X	12TH STREET										
2	X				12TH STREET										
1	02				06 Turning left	POINT OF IMPACT	06	POINT OF IMPACT	03						
2	01				08 Entering traffic lane	MOST DAMAGED AREA	06	MOST DAMAGED AREA	03						
					01 Essentially straight ahead	00 None		02 03 04		1 None used - vehicle occupant		Driver No. 1		Driver No. 2	
					02 Backing	09 Top & windows		01 05		2 Lap & shoulder belt used		Y		Y	
					03 Changing lanes	10 Undercarriage		06		3 Shoulder belt only used		N		N	
					04 Overtaking/ Passing	11 Total (all areas)		08 07 06		4 Lap belt only used		N		N	
					05 Turning right	12 Other				5 Child safety seat used		N		N	
					13 Unknown					6 Child booster seat used					
										7 DOT approved helmet used					
										8 Costume helmet used					
										9 Restraint use unknown					

OFFICER NO. 1563	TROOP/ TEAM/ BEAT 7	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) Jon Rennerfeldt		INVESTIGATOR SIGNATURE Approved by Officer Jon Rennerfeldt	DATE OF REPORT 06/22/2015